

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2011	
NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER ROAD FORT WAYNE, IN46819			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00091336.</p> <p>Complaint IN00091336 - Substantiated. Federal/State deficiencies related to the allegations are cited at F363 and F282.</p> <p>Survey dates: June 6, 7, 8, 2011</p> <p>Facility number: 000250 Provider number: 155359 Aim number: 100289980</p> <p>Survey team: Ann Armey RN</p> <p>Census bed type: SNF/NF: 49 Total: 49</p> <p>Census payor type: Medicare: 5 Medicaid: 41 Other: 3 Total: 49</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/09/11 by Suzanne Williams, RN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow physician orders regarding the administration of an antibiotic medication. This deficiency affected, 1 of 2 residents receiving antibiotic medications, in a sample of 7. (Resident # B)</p> <p>Findings include:</p> <p>The clinical record of Resident #B was reviewed on 6/7/11 at 6:30 a.m., and indicated the resident was admitted to the facility on 5/27/11 with diagnoses which included but were not limited to, HIV AIDS.</p> <p>A hospital consultation report,</p>			F0282	<p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law. Element #1Resident B was assessed by the DON or designee and did not experience any negative outcomes. The physician for Resident B was notified on June 7, 2011 that the resident did not receive the Antibiotic as ordered on June 6, 2011 and an order was recieved to administer the medication on June 7 and then continue monthly dosing as previously ordered. The medication was given as ordered on June 7, 2011. The med error and interventions were reported at the Quality Assurance meeting. Element #2Resident charts were reviewed to ensure</p>		06/27/2011

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	<p>dated 5/23/11, indicated Resident #B was not on any retroviral medication but should be continued on prophylactic antibiotics including Bactrim DS and Azithromycin.</p> <p>Admission orders, dated 5/27/11, indicated the resident was to receive Bactrim DS three times weekly and Zithromax 1200 mg weekly.</p> <p>The Zithromax was not on the June 2011 MAR (Medication Administration Record).</p> <p>On 6/7/11 at 8:00 a.m., The ADON (Assistant Director of Nursing) was interviewed about the Zithromax. The ADON indicated the Zithromax was mistakenly left off the June 2011 MAR and Resident #B had missed one dose of the antibiotic. The ADON indicated the medication would be placed on the MAR, and the physician would be notified.</p>			<p>physician's orders had been completed. No other residents were affected. Physician's orders will be reviewed nightly by the Licensed Nurse to ensure necessary care and services are being provided. The Interdisciplinary Team (IDT) will review Physician's orders through the Daily Clinical Meeting. Element #3 Licensed Nurses have been re-educated on completion of Physician's orders and the completion of the monthly change of the Medication Administration Records with an emphasis on ensuring new orders have been transferred to the next months Medication Administration Record to ensure necessary care and services are being provided. The IDT has been re-educated on reviewing of Physician's Orders through the Daily Clinical Meeting. Element #4 The Director of Nursing or designee will review Physician's orders during the Daily Clinical Meeting to ensure Physician's orders are being carried out. The DON or designee will review a minimum of 10% of the Medication Administration Records during the monthly change to ensure orders from the previous month Medication Administration Records have been carried over to current month. Areas of concern will be addressed immediately. Findings will be reported to the administrator weekly and to the RMQI</p>			

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F0363 SS=E	<p>This Federal tag relates to Complaint IN00091336.</p> <p>3.1-35(g)(2)</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. Based on observation, interview and record review, the facility failed to follow the menu in regard to portion sizes. This deficiency affected 5 of 5 residents receiving pureed diets (Residents #I, J, K, L, M) and 5 of 5 residents receiving the alternate entree (Residents #N, O, P, Q, R).</p> <p>Findings include:</p> <p>On 6/6/11 between 12:20 p.m. and 1:10 p.m., during observation of the noon meal with the Registered Dietician, the following was observed:</p> <p>A. Cook #1 indicated five residents received pureed diets. The menu indicated a #10 (2/5 cup) scoop was to be used for the pureed vegetable. Cook #1 indicated it was difficult to read the scoop size because the labels on the scoops were worn but she felt she was using a # 8 (1/2</p>			F0363	<p>committee monthly. The Director of Nursing is responsible for sustained compliance. Allegation of Compliance: June 27, 2011</p> <p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law. Element #1 Resident # J, K, L, M, N, O, P, Q, and R were assessed by the DON or designee and did not experience any negative outcomes. the scoop used for the pureed vegetables have been replaced and the old scoops have been disposed of. Cook #1 has been re-educated to use the proper scoops for serving of pureed meals and the need to follow the written recipes for meal preparation. Element #2 Residents who receive pureed meals were identified and assessed by the DON or designee and did not experience any negative outcomes. The Registered Dietician has reviewed residents who are receiving pureed diets to</p>		06/27/2011

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	<p>cup) scoop for the pureed vegetable. The Registered Dietician indicated the #8 scoop was appropriate for the pureed vegetable because bread had been added to the vegetable to improved the consistency. After the meal service was finished, the scoop used to serve the pureed vegetable was checked by the Registered Dietician and found to be a #12 (1/3 cup) scoop. Thus, residents (#I, J, K, L, M) receiving pureed vegetables received 1/3 cup of vegetable instead of the 1/2 cup menued.</p> <p>B. The planned alternate entree was not on the menu but Cook #1 indicated the alternate for the noon meal would be a grilled cheese sandwich. After the meal, Cook #1 indicated five residents (#N, O, P, Q, R) had received the alternate cheese sandwich and she had used two slices of cheese on each sandwich. The Registered Dietician checked the cheese package and the recipe for the grilled cheese sandwich. The Registered Dietician indicated five slices of cheese should have been used on each sandwich and each resident should have received either one and one half sandwiches or one sandwich with a serving of cottage cheese to assure the proper amount of protein was provided.</p> <p>On 6/6/11 at 1:15 p.m., the Registered</p>				<p>ensure the residents are receiving the proper amounts required to meet their nutritional needs. Residents were reviewed for weight loss and since May 2011 there has been one weight loss which was expected. Element #3Dietary staff has been re-educated to use the proper scoops for serving of pureed meals and the need to follow the written recipes for meal preparation. The Dietary Manager has been re-educated on monitoring the Dietary Staff on usage of proper size scoops for the pureed meals and following the recipes for meal preparation. Element #4The Administrator or designee will observe for usage of proper scoops and following the written recipes 5 meals weekly for 4 weeks then 3 meals weekly for 4 weeks the randomly. Areas of concern will be addressed immediately. Findings will reported to the RMQI committee meeting monthly. The Administrator is responsible for sustained compliance. Allegation of Compliance: June 27, 2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>Dietician was interviewed regarding weight loss in the facility. She indicated she had only one resident with a significant weight loss during the last month (May 2011 through June 6, 2011) and the a weight variation for the resident was expected.</p> <p>This Federal tag relates to Complaint Number IN00091336.</p> <p>3.1-20(i)(4)</p>						